

THE JUDICIARY
Exhibit No. 10
Date 3-22-07
Bill No. HB 468

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March 21, 2007

Montana Senate Judiciary Committee

RE: HB 468

Dear Senators:

I am writing this letter in support of HB 468 in lieu of my inability to be personally present to testify in favor of passage of the bill at the scheduled committee hearing on Thursday, March 22nd.

I went through a chemical dependency treatment program in 1981, well before there was any type of organized program in Montana, and most other states, to assist physicians who needed treatment and aftercare monitoring and support. When I first learned about the legislation that created the Montana Profession Assistance Program I became interested and directly involved in the program. I eventually became the Medical Director of the program from the late 1980's through 1993 or 1994.

I found it extremely beneficial from a personal standpoint to belong to an organization that offered peer support and advocacy through a monitored aftercare program. This experience only served to enhance my recovery efforts which had begun at the community level through involvement in a 12- step recovery program.

During my tenure as the Medical Director of the program, I was gratified to see the number of physicians who entered the program and found recovery and were able to either continue their medical practice or in some cases, return to practice after losing their license to practice medicine. I am happy to report that this trend has continued under the current able leadership of the program.

In my opinion, the strength and attraction of the program has been the fact that physicians could find help confidentially, so that the physicians themselves, family members, colleagues, hospital administrators, pharmacists and nurses were less afraid to seek help for a physician in distress. It has been my experience that physicians and other potential

referral sources will less likely voluntarily seek help in the first place or be willing to participate in a program such as MPAP if the matter is not handled in a confidential fashion. It is a reality that even in this day and age there is still a significant stigma associated with addictive disease. If any and all matters regarding the program, including information about referral sources becomes public, the number of physicians coming into the program will likely decrease and the problem will go underground and remain hidden with a growing possibility of physicians harming the public, not to mention the damage and loss that occurs to themselves, their friends and loved ones.

It goes without saying, that hand in hand with the caring support that the program offers and provides there is a responsibility for the program to report to the Board of Medical Examiners any physician who does not stay in recovery and represents a potential threat to the public welfare. This was and always will be a difficult task for those charged with the leadership of the program, however, it is vitally necessary to the credibility of the program that this posture be maintained.

It has been my experience that the leadership of MPAP are highly qualified, experienced and ethical in their dealings with recovering physicians on the one hand and their sense of responsibility to the public and their duty to adhere to the Medical Practice Act regards reporting of physicians who present a danger to themselves or the public by refusing to accept the help and support of the program or fail to adhere to the aftercare requirements of the program.

I thank you for your attention in this matter and I urge you support HB 468. The program works and it works well. Please feel free to contact me if you have any questions of me.

Sincerely,

Ronald K. Hull, M.D.

